

WYOMING BOARD OF COSMETOLOGY

2515 WARREN AVENUE, SUITE 302
CHEYENNE, WY 82002
307-777-3534

Endorsement Requirements and Procedures

Requirements:

- Must have a current License from another State
- Be able to obtain Official Certification of Record(s) from the State of your original license and Certification or Verification from any State licensed by Endorsement
- Graduated from a State licensed/authorized Cosmetology School
- Taken a written and practical exam given by the Board of Cosmetology or Testing Company
- Have at least 2000 hours for Cosmetology, 1000 for Hair Stylist, 400 for Nail Technology, or 600 for Esthetician
- If you do not meet the hour requirements listed above you must prove at least one year work history

Procedures:

1. Complete and return to the Board office the notarized license application along with;
 - a. Copy of current professional license
 - b. Copy of Government issued ID
 - c. Copy of Social Security Card
 - d. Copy of Proof of Lawful Presence (acceptable documentation is listed below)
 - e. Work history, if applicable
 - f. Endorsement Fee
2. Request all Certifications and/or Verifications be sent to the Wyoming Board Office

PROOF OF LAWFUL PRESENCE MUST BE INCLUDED WITH THIS APPLICATION

The Federal Government requires our office to have a copy of 'Proof of Lawful Presence' on file for every licensee. The following list is considered acceptable documentation for proof of lawful presence.

- A photo copy of a certified birth certificate (not a hospital document) issued in or by a city, county, state, or government entity within the United States or its outlying possessions.
- A photo copy of a U.S. certificated of birth abroad (FS-545, DS-135) or a report of birth abroad of a U.S. citizen (FS-240)
- A photo copy of a birth certificate or passport issued from: Puerto Rico, on or before January 13, 1941; Guam, on or after April 10, 1898; U.S. Virgin Islands, on or after February 25, 1927; Northern Mariana Islands on after November 4, 1986; American Samoa; Swain's Island; or District of Columbia.
- A photo copy of a U.S. passport
- A photo copy of a certificate of naturalization
- A photo copy of a certificate of citizenship
- A photo copy of a U.S. citizen identification card
- A photo copy of an individual fee registration receipt (form G-711) that shows that the person has filed application for a new naturalization or citizenship paper (form N-565)
- A photo copy of any other document which establishes a U.S. place of birth or indicates U.S. citizenship.

TAKEN FROM: WYOMING BOARD OF COSMETOLOGY STATUTE, RULES AND REGULATIONS

33-12-132

LICENSURE BY ENDORSEMENT

An applicant for a license to practice or instruct cosmetology, nail technology, esthetics, or hair styling in Wyoming who is a qualified and currently licensed cosmetologist, nail technician, esthetician, hair stylist, or instructor in another state, upon submitting an application to the board, a certification from the board or licensing agency of the state in which the applicant is licensed, proof of meeting the requirements of this section and payment of the required fee, may receive a cosmetologist, nail technician, esthetician, hair stylist, or instructor license by endorsement without examination in this state. An applicant from another state which does not require a board examination for licensure, or an applicant who did not attend a cosmetology, nail technology, esthetics, hair styling, or instructor school meeting requirements of the rules of the board and the licensing entity of the state in which the school is located, shall not obtain a Wyoming license by endorsement. An applicant from another state who has not practiced cosmetology, nail technology, esthetics or hair styling full time for at least one (1) year prior to application shall obtain a Wyoming license by endorsement only if he was licensed under requirements which the board determines to be at least equal to those established pursuant to this act.

33-12-133

FOREIGN APPLICANTS

Applicants licensed or trained in a foreign country shall present an English translation of the requirements they met in that country. The credentials shall be presented to the board for consideration, and a determination as to what requirements are necessary to obtain a license in Wyoming.

For Office Use Only:

License Type _____

Date of Original License _____

License Number _____

WYOMING BOARD OF COSMETOLOGY

2515 Warren Ave., Suite 302, Cheyenne WY, 82002

(307) 777-3534

www.cosmetology.wy.gov**LICENSE APPLICATION******Refer to the Qualifications, Requirements and Procedures to obtain a Wyoming License*****Endorsement Fees:**

- Must be submitted in the form of a Money Order, Cashier's Check, Credit or Debit Card payment (credit card form enclosed) Personal checks will **not be** accepted

Endorsement Fee: \$ 225.00 (Law Book Included)License Fee \$ 48.00

TOTAL \$273.00

*** No refunds, Chapter 1, Section 2 State Rules and Regulations ***

TYPE OF LICENSE APPLYING FOR: COSMETOLOGIST _____ HAIR STYLIST _____ NAIL TECH _____ ESTHETICIAN _____ INSTRUCTOR _____ WAX TECH _____

NAME IN FULL _____ (_____)

CURRENT MAILING ADDRESS: _____ City, State, Zip _____

(Please notify the office of any change)

PHONE (_____) _____ Birth Date _____ / _____ / _____ SOCIAL SECURITY # _____ - _____ - _____

MALE () FEMALE () EMAIL ADDRESS _____

From which state(s) do you now or have ever held a license _____

You must have your license before you become engaged in any practice regulated by the State of Wyoming and it must be posted at your place of employment.

- | | | |
|--|-----------|----------|
| 1. Has any state(s) rejected your application or disciplined, restricted, revoked or suspended your license? | Yes _____ | No _____ |
| 2. Have you ever voluntarily surrendered your license in order to avoid disciplinary action by any regulatory agency? | Yes _____ | No _____ |
| 3. Have you ever been convicted of any felony? | Yes _____ | No _____ |
| 4. Do you now use, or within the last five (5) years have you used, alcoholic beverages habitually to excess? | Yes _____ | No _____ |
| 5. Do you now use, or within the last five (5) years have you used hallucinogenic, barbiturates, narcotics of any controlled substance habitually to excess? | Yes _____ | No _____ |
- (If you answered 'Yes' to any of the above questions, please attach a detailed explanation including state(s) and outcome)

AFFIDAVIT AND NOTARIZATION

The undersigned, being duly sworn, upon his oath deposes and says that he is the person making the foregoing statements and that they are made in good faith and are true in every respect.

STATE OF _____

COUNTY OF _____

SIGNATURE OF LICENSEE
(Must Be Witnessed by a Notary)

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, 20____

SIGNATURE _____
NOTARY PUBLIC EXPIRES _____

NOTARY SEAL

BOARD OF COSMETOLOGY

2515 Warren Avenue, Suite 302
Cheyenne, WY 82002
(307) 777-3534
www.cosmetology.wy.gov

PROOF OF WORKING EXPERIENCE

TO BE COMPLETED ONLY IF YOU DO NOT MEET THE HOUR REQUIREMENTS FOR A WYOMING COSMETOLOGY LICENSE

Applicant must have practiced cosmetology, nail technology, and/or esthetics in a salon for one year (at least fifty 50 weeks with no less than thirty six 36 hours practice per week). Employment at one or more salons may be combined to meet the qualifications. This form must be completed by the employer and signed in front of a Notary.

***If self-employed please provide the Board office with one year tax forms to show proof of a year's employment.**

This is to certify that _____ Social Security # _____ - _____ - _____

Applicant's Name

was employed as a () Cosmetologist () Hair Stylist () Nail Tech () Esthetician

From: _____

To: _____

Name of Salon _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____

Employer's Statement: **All information herein provided is true in every respect**

Employer's Name _____ (Please Print)

AFFIDAVIT AND NOTARIZATION

The undersigned being duly sworn, upon his oath deposes and says that he is the person making the foregoing statements and that they are made in good faith and are true in every respect.

STATE OF _____

COUNTY OF _____

SIGNATURE OF EMPLOYER
(Must Be Witnessed by a Notary)

GIVEN UNDER MY HAND AND NOTARIAL SEAL THIS _____ DAY OF _____, 20____

SIGNATURE _____

NOTARY PUBLIC

EXPIRES

NOTARY SEAL

**WYOMING BOARD OF COSMETOLOGY
CREDIT CARD AUTHORIZATION**

BE SURE TO CHOOSE THE APPROPRIATE FORM OR DOCUMENT YOU ARE REQUESTING. IF YOU ARE REQUESTING A CERTIFICATION OF RECORD PLEASE PROVIDE FULL NAME, ADDRESS, DATE OF BIRTH AND ANY PREVIOUS NAMES YOU LICENSE MAY HAVE BEEN ISSUED.

The Board will accept VISA, MASTERCARD, and DISCOVER. To pay license renewal fees by credit card, attach your completed renewal application form attached to the bottom of your license with this completed form. You may authorize to pay for multiple selections. **This document will be shredded when payment has processed.** The following is a schedule of convenience fees charged to use your credit card:

1. \$3.00 convenience fee will be added to each transaction up to \$25.00
2. \$4.00 convenience fee will be added for transactions from \$26.00 - \$150.00
3. \$5.00 convenience fee will be added for transactions over \$150.00

The signature below authorizes the Wyoming Board of Cosmetology to charge applicable fees for those requested items below for the individual or individuals listed on this form, License Renewal Form, License Application form. (Please double check all information for accuracy).

CREDIT CARD TYPE ☐ VISA ☐ MASTERCARD ☐ DISCOVER

CREDIT CARD NUMBER: _____
CVV2: _____ (3 digit # on the back of the card) EXPIRATION DATE: MO _____ YR _____

NAME AS IT APPEARS ON THE CARD: _____
BILLING (STREET) ADDRESS: _____
CITY: _____ ST: _____ ZIP: _____ TELEPHONE # _____

SIGNATURE: _____ DATE: _____

Pak's are \$7.50 each plus the \$3.00 Convenience fee Total \$ 10.50
☐ Endorsement Pak ☐ Examination Pak ☐ Salon Application Pak

☐ **Certification of Record fee is \$25.00 each plus the convenience fee of \$3.00 Total \$28.00**
I (please print name) _____ am authorizing The Wyoming Board of
Cosmetology to send my Certification of Record to (State) _____
Type of License _____ Date of Birth: ____/____/____ Previous Name/Names: _____

Licensing Fees:

- ☐ **Personal License: Refer to your renewal form for the correct fee and add \$4.00 for the convenience fee.**
- ☐ **Salon License: \$75.00 fee plus \$4.00 convenience fee: Total \$79.00 (prior to 12/31 of each year)**
- ☐ **Independent Contractor License: \$75.00 fee plus \$4.00 convenience fee: Total \$69.00 (prior to 8/31 of each year)**
- ☐ **Duplicate License: \$10.00 fee plus \$3.00 convenience fee: Total \$13.00**
- ☐ **Endorsement: \$273.00 fee plus \$5.00 convenience fee: Total \$278.00**
- ☐ **Reinstatement: \$175.00 fee and all back license fees plus \$5.00 convenience fee**
- ☐ **New Salon License: \$300.00 fee plus \$5.00 convenience fee: Total \$305.00**
- ☐ **School License: \$200.00 fee plus \$ 5.00 convenience fee: Total \$205.00 (prior to 12/31 of each year)**
- ☐ **New School License: \$575.00 plus \$5.00 convenience fee: Total \$580.00**
- ☐ **Salon Relocation: \$225.00 fee plus \$5.00 convenience fee: Total \$230.00**

For Board Use Only:

Date Processed: _____
Amount Processed: _____
Authorization Code: _____